

FINANCIAL STATUS REPORT

(Short Form)



1. Federal Agency and Organization Element to which Report is Submitted Denali Commission		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 276-07 2007 Rural Energy Conference		OMB Approval No. 0348-0038		Page 1 of 1	
3. Recipient Organization (Name and complete address, including ZIP code) STATE OF ALASKA, DEPARTMENT OF COMMUNITY & ECONOMIC DEVELOPMENT Alaska Energy Authority 813 West Northern Lights Blvd. Anchorage, Alaska 99503							
4. Employer Identification Number 92-6001185		5. Recipient Account Number or Identifying Number 31050		6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual	
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 2/1/2007		To: (Month, Day, Year) 6/30/2007		9. Period Covered by this Report From: (Month, Day, Year) 2/1/2007		To: (Month, Day, Year) 6/30/2007	
10. Transactions:				I Previously Reported		II This Period	
				III Cumulative			
a. Total outlays				29,577.44		0.00	
b. Recipient share of outlays (Grant does not have a match requirement)				0.00		0.00	
c. Federal share of outlays				29,577.44		0.00	
d. Total unliquidated obligations				0.00			
e. Recipient share of unliquidated obligations				0.00			
f. Federal share of unliquidated obligations				0.00			
g. Total federal share (Sum of lines c and f)				29,577.44			
h. Total Federal funds authorized for this funding period				30,000.00			
i. Unobligated balance of Federal funds (Line h minus line g)				422.56			
11. Indirect Expense		a. Type of Rate (Place "X" in Appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed					
		b. Rate		c. Base		d. Total Amount	
						e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation							
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents							
Typed or Printed Name and Title Amy E. McCollum, Controller				Telephone (Area code, Number and extension) (907) 269-4629			
Signature of Authorized Certifying Official 				Date Report Submitted September 27, 2007			